



United States

Environmental Protection Agency

ACKNOWLEDGEMENT OF NOTIFICATION OF
REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation is identified below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owner and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA ID No.:

PAR000005942

Installation Address:

IQE INC
119 TECHNOLOGY DR
BETHLEHEM PA 18015

Mailing Address:

IQE INC
119 TECHNOLOGY DR
BETHLEHEM PA 18015
ATTN: DANIEL TRAYNOR

JANUARY 11, 2001

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-01

RECEIVED
SECTION
2000

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

P A R 0 0 0 0 0 5 9 4 2

II. Name of Installation (Include company and specific site name)

I Q E I N C ,

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 1 9 T E C H N O L O G Y D R I V E

Street (Continued)

City or Town

B E T H L E H E M

State

Zip Code

P A

1 8 0 1 5 -

County Code

County Name

0 9 5

N O R T H A M P T O N

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S A M E

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

T R A Y N O R

D A N I E L

Job Title

Phone Number (Area Code and Number)

S H E M A N A G E R

6 1 0 - 8 6 1 - 6 9 3 0

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

☒

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

N O R T H A M P T O N C O U N T Y N E W J O B C O R

Street, P.O. Box, or Route Number

P O B O X 2 1 7 5 0

City or Town

State

Zip Code

L E H I G H V A L L E Y

P A

1 8 0 0 2 -

Phone Number (Area Code and Number)

6 1 0 - 2 6 6 - 0 8 8 7

B. Land Type

C

C. Owner Type

C

D. Change of Owner Indicator

Yes

No

Date Changed

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F 0 0 2	2 F 0 0 3	3	4	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D 0 0 4			

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

SCOTT MASSIE, PRESIDENT

Date Signed

12/7/00

XI. Comments

CHANGE NAME OF INSTALLATION, INSTALLATION CONTACT, & GENERATOR STATUS

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

Ofn: Quantum Epitaxial Designs
Changed gen status from CER to SOLG.

Bah/LB/12.11.00



RECEIVED
PA/DC SECTION

December 6, 2000

DEC 8 2000
EPA REGION III

USEPA Region 3
Attn: Lisa Brannigan
3WC22
1650 Arch Street
Philadelphia, PA 19103-2029

Subject: Update to Form 8700-12

Ref: EPA Hazardous Waste Generator Identification Number PAR000005942

This letter serves to notify you that information related to our original Notification of Regulated Waste Activity has changed. Enclosed is an amended Form 8700-12 notifying you of our change in facility name, facility contact, and generator status. If you have any questions, please call me at 610-332-9310.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel E. Traynor". The signature is fluid and cursive, with a prominent horizontal line extending from the end.

Daniel Earle Traynor
Safety, Health, and Environmental Manager

Attachment
EPA Form 8700-12

cc: w/attachment
Scott Massie/IQE President
Sam Rogers/IQE General Manager
IQE Hazardous Waste EPA ID File



RECEIVED
PA 100 681-5273

DEC 8 2000

EPA REGION III
December 6, 2000

USEPA Region 3
Attn: Lisa Brannigan
3WC22
1650 Arch Street
Philadelphia, PA 19103-2029

Subject: Manifesting of Hazardous Waste Offsite for Disposal Under Our Old EPA ID Number

Ref: Old EPA Hazardous Waste Generator Identification Number, PAD987397304
Current EPA Hazardous Waste Generator Identification Number, PAR000005942

This letter serves to notify you that Quantum Epitaxial Designs (QED) manifested hazardous waste offsite under our old EPA ID Number, PAD987397304. QED recently changed its name to IQE Inc. We relocated our operations in calendar year 1995 and notified the EPA using Form 8700-12 of this change. The EPA then assigned a new EPA ID Number, PAR000005942, to our facility. Unfortunately, our old EPA ID Number has been used to manifest hazardous waste offsite for disposal the last five years.

We will insure that all future shipments of hazardous waste are manifested offsite under our current EPA ID Number, PAR000005942. If you have any questions, please call me at 610-332-9310.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel E. Traynor", written over a horizontal line.

Daniel Earle Traynor
Safety, Health, and Environmental Manager

Scott Massie/IQE President
Sam Rogers/IQE General Manager
IQE Hazardous Waste EPA ID File

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED
Date Received
PP/Official Use Only

FEB 16 1995

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒
B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

PAD987397304

II. Name of Installation (Include company and specific site name)

QUANTUM EPITAXIAL DESIGNS INC.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

119 TECHNOLOGY DRIVE

Street (Continued)

City or Town

BETHLEHEM

State

Zip Code

PA 18015-

County Code

County Name

NORTHAMPTON

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

MARTEL

(First)

DOUG

Job Title

Phone Number (Area Code and Number)

610-861-6930

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other
☒

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

NORTHAMPTON CO JOB CORPS

Street, P.O. Box, or Route Number

157 S 4th ST PO BOX 637

City or Town

State

Zip Code

EASTON

PA 18042-

Phone Number (Area Code and Number)

215-253-4213

B. Land Type

e

C. Owner Type

C

D. Change of Owner Indicator

Yes

No

(Date Changed)
Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☒
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☒ D004

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

D.C. Martel

Name and Official Title (Type or print)

D.C. Martel, Director of Opns.

Date Signed

2/10/95

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

* RCRIS: Notification View Screen 2 of 6 *

*EPA ID: PAD987397304 Other ID: Merge Send: Y *

*Date Received(MMDDYY): 051493 Source(N/E/S): N Non-Notifier Flag: *

*Date Acknowledged (MMDDYYYY): 06101993 Send Acknowledgement: *

*Name of Installation: QUANTUM EPITAXIAL DESIGNS INC *

* Installation Location Address *

*Streets: 115 RESEARCH DR *

*City: BETHLEHEM State: PA Zip: 18015 *

*County Code: 095 County Name: NORTHAMPTON *

* Installation Mailing Address *

*Streets: 115 RESEARCH DR *

*City: BETHLEHEM State: PA Zip: 18015 *

* Contact Information *

* Last Name First Name Title Phone Address(M,L,O) *

* KAPITAN LARRY DIR OPERATIONS 2158616930 L *

*Streets: 115 RESEARCH DR *

*City: BETHLEHEM State: PA Zip: 18015 *

*Land Type: *

* Enter-Continue F1-Previous Screen F3-Exit *

* RCRIS: Notification View Screen 3 of 6 *

* EPA ID: PAD987397304 Other ID: Source: N *

* Owner Sequence Number: 1 *

* Ownership: HIERL THOMAS L Type of Owner: P *

* Address of Owner/Operator *

* Street: 115 RESEARCH DR *

* City: BETHLEHEM State: PA Zip Code 18015 *

* Phone: 2158616930 *

* Current/Previous Indicator: CO Change Date(MMDDYY): *

* Enter-Continue F1-Previous Screen F3-Exit F5-Curr. Owner *

* F6-Prev. Owner F8-Help F9-First F10-Next *

* RCRIS: Notification View Screen 4A of 6 *

* EPA ID: PAD987397304 Other ID: Source: N *

* Waste Activity Type RCRA Reg RCRA Reg State Reg State Reg *

* Status Desc Status Desc *

* HW Generator: 3 R *

* HW TSD: *

* HW Transporter: *

* Transport Mode: Air: Rail: Highway: Water: *


```
*
*                               Other:
* HW Burner/Blender:
* NHW Used Oil Recycler:
* -----
* Underground Injection Control:
* Recycler:
*
*
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F8-Help
*****

*****
*                               RCRIS: Notification View Screen 5 of 6
*****
* EPA ID: PAD987397304 Other ID: Source: N
*
* Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical
*                        D000 D001 D002 D003
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*****
*Enter-Continue      F1-Previous Screen      F3-Exit
*F8-Help            F9-First      F10-Next
*****
```




**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAR000005942

06/14/95

INSTALLATION ADDRESS

QUANTUM EPITAXIAL DESIGNS
119 TECHNOLOGY DR
BETHLEHEM, PA 18015
DOUGLAS MARTEL DIRECTOR

119 TECHNOLOGY DR
BETHLEHEM, PA 18015

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

PAR 000 005992

II. Name of Installation (Include company and specific site name)

QUANTUM EPITAXIAL DESIGNS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

119 TECHNOLOGY DRIVE

Street (Continued)

City or Town

BETHLEHEM

State

Zip Code

PA

18015-

County Code

County Name

095

NORTHAMPTON

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

Same

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

MARTEL

(First)

DOUGLAS

Job Title

DIRECTOR

Phone Number (Area Code and Number)

610-861-6930

VI. Installation Contact Address (See Instructions)

A. Contract Address

Location Mailing Other



B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

NORTHAMPTON CO JOB CORPS

Street, P.O. Box, or Route Number

157 SOUTH FOURTH ST PO BOX 639

City or Town

EASTON

State

Zip Code

PA

18042-

Phone Number (Area Code and Number)

215-253-4213

B. Land Type

C

C. Owner Type

C

D. Change of Owner Indicator

Yes

☐

No

☐

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
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- ☐ 2. Industrial Boiler
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- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
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- ☐ c. Industrial Furnace
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- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☒
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒ D004

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

DCM

Name and Official Title (Type or print)

D.C. Martel, Director

Date Signed

5/30/95

XI. Comments

Need ID # for new site

BAH/lz 6/13/95

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Quantum Epitaxial Designs, Inc.

119 Technology Drive
Bethlehem, PA 18015
Telephone (610) 861-6930
Telefax (610) 861-5273

RECEIVED
PA/DC SECTION
JUN 5 1995
EPA REGION III

May 30, 1995

US EPA Region 3
RCRA Programs Branch (3HW50)
841 Chestnut Street
Philadelphia, PA 19107

Dear Sir,

Enclosed please find Form 8700-12 for 119 Technology Dr., Bethlehem, PA, 18015.

We recently relocated and our disposal consultant erroneously utilized the ID# for our old site on paperwork submitted on February 10, 1995.

I now understand that we require a new ID# for the new site. I appologize for the error.

Sincerely,

Doug Martel,
Director of Operations

Old site #: PAD987397304 - closed
per telephone call 6/14/95
4804/deh